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| REVOCAION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/748,374-Conf. #8168 |
| | Filing Date | December 29, 2003 |
| | First Named Inventor | Xing Su |
| | Art Unit | 1634 |
| | Examiner Name | K. D. Salmon |
| | Attorney Docket Number | 21058/0206460-US0 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 07278

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

07278

OR

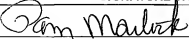
| | | | | | |
|--|-----------------------------------|-------|-------|-----|------------|
| <input type="checkbox"/> Firm or Individual Name | DARBY & DARBY P.C. Raj S. Davé | | | | |
| Address | P.O. Box 5257 | | | | |
| City | New York | | | | |
| Country | US | State | NY | Zip | 10150-5257 |
| Telephone | (212) 527-7700 | | Email | | |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|--|-----------|--------------|
| Signature |  | | |
| Name | Pam Matlock | | |
| Date | 8/6/07 | Telephone | 408-765-1144 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

| | |
|--------------------------|----------------------------------|
| <input type="checkbox"/> | *Total of 1 forms are submitted. |
|--------------------------|----------------------------------|